



# Committee On Finance

**Max Baucus, Ranking Member**

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## **NEWS RELEASE**

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### **Statement of Senator Max Baucus Hearing on Improving Access to Medicaid Home and Community Based Services**

Mr. Chairman, thank you for holding this very important hearing to consider strategies to improve access to home-and community-based services under Medicaid. Let me pause for a moment to reflect on that term that we will undoubtedly hear over and over today. "Home and Community Based Services." The term sounds clinical. Bureaucratic. The kind of term that can become a buzzword in Washington, DC.

But when you step back and consider that without these "home and community based services", a person may be forced to leave her home, her family, and her community simply to receive care to keep her alive. Then you realize just how important these services are. And that they affect real people with real needs and real families.

I hope that this hearing will remind all of us – members of Congress, of the Administration, state policymakers, and citizens all around our country – that we simply must work harder to make home, family and community available to people with severe disabilities.

To be sure, making progress this year will be challenging. The Congressional Budget Office tells us that providing services in the community costs money, even though it may be less costly than providing services in institutions. And money is tight in the federal budget. States remain in the worst fiscal crisis since World War II. In the President's budget, Medicaid is on the chopping block. And as the House and Senate move towards conference, Medicaid is at risk in our budget.

But while we must improve Medicaid to expand access to home and community-based services, we also must preserve the crucial support that Medicaid currently provides to so many people with disabilities. We are fortunate to have witnesses today with a wide range of experiences and expertise.

Senator Harkin has been a tireless advocate in the Senate for people with disabilities. Together with Senator Specter, he has introduced and reintroduced the "Medicaid Community-Based Attendant Services and Support Act" (MiCASSA) legislation, which established the "gold standard" for improvements in the availability of home and community based services under Medicaid.

Under MiCASSA, every individual eligible for Medicaid could receive services in the setting that is most appropriate for them. Whether that setting is at home, in a community-based facility, or in a nursing home. Senator Harkin is also pragmatic. He is advocating bipartisan support for an Administration proposal called "Money Follows the Person." The "Money

Follows” proposal would set us on the right path in the short-term. Giving a few states incentives to allow people to return home from nursing homes if they so choose.

We will also hear from Dennis Smith of the Centers for Medicare and Medicaid Services, or CMS. CMS has proposed a number of initiatives to improve choice and independence among individuals with disabilities who are on Medicaid. I applaud that effort.

Some of the proposals are well-known to us on the Finance Committee – for example, a similar provision in the Family Opportunity Act to allow community-based services for children who reside in psychiatric treatment facilities. The need for change in this area of the Medicaid law is great. Under current law, many families with seriously mentally-ill children must impoverish themselves or literally give up custody of their children in order to access appropriate mental health services.

Two families in Montana, one in Hamilton and one in Livingston, shared their heartbreaking stories with my staff. In both cases they were advised to “abandon” their mentally ill children in order to obtain appropriate psychiatric services for them.

A mother in Hamilton – a nurse with a master’s degree in counseling – recently talked to my staff. Her son, who has bipolar and conduct disorders, alleged that she had abused him – despite a lack of evidence. An attorney suggested that she admit to the allegations, even though they were untrue. Only by losing custody of her son, she was told, could she ensure his care. And even after qualifying for Medicaid, he was unable to receive care in the community. And was placed hundreds of miles away from home.

That story should make us all stop and think. What changes can we make to prevent parents from having to give up custody of their children in order for them to receive appropriate health care services?

I also applaud CMS’ efforts to encourage self-directed care when that is appropriate. In some rural areas of Montana, individuals with disabilities must be able to choose neighbors or family members to provide care, since other services may simply not be available. Of course, self-directed care should only be promoted with appropriate training, supervision, and oversight. I am concerned about “tradeoffs” that may be imposed where an individual must accept financial risks and service limitations in exchange for the freedom to direct her own care. These risks must be managed carefully. And must be strictly limited to non-medical services.

I also appreciate programs that improve our direct care service workforce. Training and support are crucial to recruiting and retaining direct care workers for growing numbers of elderly and disabled individuals. And I am interested in learning more from our consumer witnesses about the painful choices that the current Medicaid system imposes on individuals with disabilities and their families. Each story is unique, but there are crucial lessons to be learned from all of them. Thank you for sharing your stories and your thoughts with us. And thank you, Mr. Chairman, for holding this important hearing.